

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16789

State File No.

4332

Registrar's No.

D MAY 18 1943

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

- (a) County...
(b) City or town... St. Louis
(c) Name of hospital or institution... Desloge Hospital
(d) Length of stay: In hospital or institution...
(Specify whether years, months or days)

In this community...

3. (a) PRINT FULL NAME Rose Zimbelmann

3. (b) If veteran, name war...

3. (c) Social Security No...

4. Sex Female/ 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased St. January 14, 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 24 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Frank Markoian
13. Birthplace St. Louis, Missouri
14. Maiden name Minnie Goldman
15. Birthplace St. Louis, Missouri

16. (a) Informant William Zimbelmann
(b) Address 2821a Texas

17. (a) Burial (b) Date thereof 5/11/43
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director John H. Kellum
(b) Address 2630 Gravois

19. (a) MAY 17 1943 (b) G. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County...
(c) City or town St. Louis
(d) Street No. 2621a Texas Avenue
(e) Citizen of foreign country? No
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from May 8, 1943
that I last saw her alive on May 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Ovarian cyst followed by
bowel obstruction

Due to No malignancy
Due to Bowel Obstruction
from adhesions

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Ovarian cyst
Of operations...
Of autopsy...

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature R. Berg (M. D. or other)
Address 225 S. Main
Date signed 5/11/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Robert F. Gebken

Licensed Embalmer No.....

4144

P. O. Address.....

2630 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.